

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000012247

FILED
Jul 16, 2007
Secretary of State

Entity Name: CARE MEDICAL OFFICE L.S. CORP.

Current Principal Place of Business:

12719 NW 103RD AVE
HIALEAH GARDENS, FL 33012

New Principal Place of Business:

Current Mailing Address:

12719 NW 103RD AVE
HIALEAH GARDENS, FL 33012

New Mailing Address:

FEI Number: 26-0519282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, LAZARO A
12719 NW 103RD AVE
HIALEAH GARDENS, FL 33012 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LCASTRO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRO, LAZARO A
Address: 12719 NW 103RD AVE
City-St-Zip: HIALEAH GARDENS, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LCASTRO

Electronic Signature of Signing Officer or Director

PD

07/16/2007

Date